

NINETEENTH JUDICIAL DISTRICT COURT  
PARISH OF EAST BATON ROUGE  
STATE OF LOUISIANA

NUMBER: 499-737

DIVISION: D

J. ROBERT WOOLEY, AS  
ACTING COMMISSIONER OF INSURANCE  
FOR THE STATE OF LOUISIANA

VERSUS

AMCARE HEALTH PLANS OF LOUISIANA, INC.

FILED: \_\_\_\_\_

DEPUTY CLERK

**Filed on Behalf of – State of Louisiana – State Pays No Court Costs  
La. R.S. 13:4521**

**NOTICE OF AmCARE HEALTH PLANS OF TEXAS, INC. IN RECEIVERSHIP AND  
AmCARE MANAGEMENT, INC. IN RECEIVERSHIP PROOFS OF CLAIM**

NOW INTO COURT, through undersigned counsel comes, James J. Donelon, Commissioner of Insurance for the State of Louisiana as Liquidator for AmCare Health Plans of Louisiana, Inc. In Liquidation, through the Court-appointed Receiver, Michael Adams (“AmCare-LA”), who respectfully represents that:

1.

AmCare-LA was placed in liquidation by order of this honorable Court on November 12, 2002 (the “Liquidation Order”), and Michael Adams has since been appointed Receiver by the Court. The Order of Liquidation has been filed in numerous prior motions with the Court and is incorporated herein by reference.

2.

Prior to its liquidation, AmCare-LA was operated as part of a consolidated group by its parent company, AmCareco, Inc., which group included AmCare-LA, AmCare Health Plans of Oklahoma, Inc. (“AmCare-OK”), AmCare Health Plans of Texas, Inc. (“AmCare-TX”), and AmCare Management, Inc. (“AmCare-Mgt”).

3.

AmCare-TX and AmCare Management are in liquidation in Texas and Jean Johnson is the Special Deputy Receiver for both.

4.

By order dated September 17, 2003, this Court approved the filing of proofs of claim by AmCare-LA in the AmCare-TX and AmCare-Mgt. receivership proceedings. A copy of the Motion to Approve Filing of Proofs of Claim and the Order of September 17, 2003 is attached hereto and incorporated herein as **Exhibit A**.

5.

On or about September 11, 2003, AmCare-LA filed a proof of claim in the AmCare-TX liquidation proceeding for at least One Hundred Fifty Thousand Two Hundred Twenty Eight and 99/100 (\$150,228.99) Dollars representing the funds of AmCare-LA that were transferred to AmCare-TX prior to liquidation, including but not limited to general funds, pharmacy rebate funds, claim refund funds, premium accounts receivable funds, and various other funds of AmCare-LA transferred to AmCare-TX prior to liquidation, leaving a balance due from AmCare-TX on the books and records of AmCare-LA at liquidation of \$150,228.99. A copy of the AmCare-TX proof of claim is attached hereto and incorporated herein as **Exhibit B**.

6.

On or about September 11, 2003, AmCare-LA filed a proof of claim in the AmCare-Mgt liquidation proceeding for at least Seventeen Million One Hundred Fifty Four Thousand Five Hundred Fifty Five and 71/100 (\$17,154,555.71) Dollars representing the funds of AmCare-LA that were transferred to AmCare-Mgt. prior to liquidation, including but not limited to general funds, health insurance premium receivable funds, miscellaneous receivables appearing on the general ledger of AmCare-LA, overcharged SEGBP administrative fees funds, commissions to unlicensed agents funds, reinsurance recovery loss funds, and the estimated liquidation costs of AmCare-LA due to the acts, omissions, negligence, fault, mismanagement, and wrongful acts of AmCare-Mgt, as described in the suit filed in this matter in which AmCare-Mgt was initially a named defendant, along with other AmCare officers and directors, leaving a balance due from AmCare-Mgt on the books and records of AmCare-LA at liquidation of \$17,154,555.71. A copy of the AmCare-Mgt. proof of claim is attached hereto and incorporated herein as **Exhibit C**.

7.

As a result of the ruling of the Louisiana Supreme Court in the Health Net, Inc. matter, AmCare-LA, AmCare-OK, and AmCare-TX all received substantial funds and surplus to cover the claims

of policyholders, members, subscribers, providers, and general creditors.

8.

Pursuant to the prior order of this Court in 2004, AmCare-LA entered into agreements with AmCare-TX and AmCare-OK for joint pursuit of the litigation against the AmCare directors, officers, accountants, and Health Net, Inc., which agreements provided for sharing the costs and expenses of the litigation and any recovery.

9.

Pursuant to this Court's order and the agreements between AmCare-LA, AmCare-OK, and AmCare-TX, all costs of the litigation and all funds obtained in the litigation were shared on an agreed upon basis approved by this Court to the benefit of AmCare-LA.

10.

In particular, the payment by Health Net, Inc. of the judgment rendered by this Court in favor of the three AmCare receivership estates, as affirmed and rendered by the Louisiana Supreme Court on April 1, 2011, will permit AmCare-LA to fully cover all approved and allowed claims and all costs of the administration of the AmCare-LA liquidation.

11.

By letter dated December 27, 2011, the AmCare-TX and AmCare-Mgt. receiver issued a Notice of Determination of Proofs of Claim filed by AmCare Health Plans of Louisiana in Receivership, rejecting the AmCare-LA claims. A copy of that letter is attached hereto and incorporated herein as **Exhibit D**.

12.

AmCare-LA accepts the adjudication of AmCare-TX and AmCare-Mtg. that AmCare-LA has recovered from other parties full satisfaction of its claims and that the funds received by AmCare-LA through the litigation process as well as the proof of claims process would result in duplication of payment, but rejects all other findings asserted by AmCare-TX and AmCare-Mgt.

13.

In that letter, AmCare-TX and AmCare Mgt. stated that AmCare-LA was afforded a period of forty five (45) days to make a written objection to the zero (\$-0-) dollar determination.

Respectfully submitted,

**BURGLASS & TANKERSLEY, LLC**



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SUE BUSER (18151)

5213 Airline Drive

Metairie, Louisiana 70001-5602

Phone: (504) 836-2220

Telefax: (504) 836-2221

Attorneys for JAMES J. DONELON

Commissioner of Insurance for the State of Louisiana as  
Liquidator of AmCare Health Plans of Louisiana, Inc.

**EXHIBITS TO NOTICE OF AmCARE HEALTH PLANS OF TEXAS, INC. IN  
RECEIVERSHIP AND AmCARE MANAGEMENT, INC. IN RECEIVERSHIP  
PROOFS OF CLAIM**

- Exhibit A      AmCare Health Plans of Louisiana, Inc. In Liquidation Motion to Approve Filing of Proofs of Claim and the Order of September 17, 2003
- Exhibit B      AmCare Health Plans of Louisiana, Inc. In Liquidation proof of claim for \$150,228.99 filed with AmCare Health Plans of Texas, Inc. In Receivership on September 11, 2003
- Exhibit C      AmCare Health Plans of Louisiana, Inc. In Liquidation proof of claim for \$17,154,555.71 filed with AmCare Management, Inc. In Receivership on September 11, 2003
- Exhibit D      AmCare Health Plans of Texas, Inc. In Receivership and AmCare Management, Inc. In Receivership Notice of Determination of Proofs of Claim filed by AmCare Health Plans of Louisiana in Receivership dated December 27, 2011 rejecting the proofs of claim filed by AmCare Health Plans of Louisiana, Inc. In Liquidation on September 11, 2003 against AmCare Health Plans of Texas, Inc. and AmCare Management, Inc.

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NINETEENTH JUDICIAL DISTRICT COURT  
PARISH OF EAST BATON ROUGE  
STATE OF LOUISIANA

NUMBER: 499-737

DIVISION: D

J. ROBERT WOOLEY, AS  
ACTING COMMISSIONER OF INSURANCE  
FOR THE STATE OF LOUISIANA  
VERSUS  
AMCARE HEALTH PLANS OF LOUISIANA, INC.

**STATE**  
**FILED**

FILED: \_\_\_\_\_

DEPUTY CLERK

**MOTION TO APPROVE FILING PROOFS OF CLAIM**

NOW INTO COURT through undersigned counsel comes the Receiver for AmCare Health Plans of Louisiana, Inc. in Receivership (the "Receiver"), who represents that AmCare Health Plans of Louisiana, Inc. in Receivership ("AmCare") has certain claims against AmCare Management, Inc. ("AmCare Management") and AmCare Health Plans of Texas, Inc. ("AmCare Texas"), that both companies have been placed in receivership in the State of Texas pursuant to applicable Texas law in case number GV 204523 on the docket of the 200<sup>th</sup> District Court of Travis County, State of Texas, a copy of which order is attached hereto and incorporated herein and marked **Exhibit A**, that in said proceedings a stay order was entered and all claimants required to file with the Special Deputy Receiver for the two companies a proof of claim form as to any amounts owed by or due from AmCare Management and/or AmCare Texas. The Receiver seeks authority from the Court for the filing of the proofs of claims by AmCare with AmCare Management and AmCare Texas, and the pursuit of recovery through the proof of claim process approved by the Courts of the State of Texas overseeing the receivership of AmCare Management and AmCare Texas, and in particular certain claims for mismanagement, negligence, and other wrongful acts as to AmCare Management as asserted by the Receiver in case number 499-737-01, currently pending on the docket of this honorable Court, a copy of the petition filed is attached as **Exhibit B**, for the reasons more fully explained in the memorandum in support of this motion, which is attached hereto and incorporated herein.

WHEREFORE, the Receiver prays that the Court approve the filing of the proof of claim for AmCare Management, attached as **Exhibit C**, and the proof of claim for AmCare Texas, attached as **Exhibit D**, and pursuit of recovery through the proof of claim process approved by the Courts of the State of Texas overseeing the receiverships of AmCare Management and AmCare Texas, and

REC'D C.P.

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that the Court approve the pursuit of certain claims for mismanagement and negligence against AmCare Management, in particular, through said process, and for all other appropriate relief.

RESPECTFULLY SUBMITTED,

BY ATTORNEYS FOR  
J. Robert Wooley  
Acting Commissioner of Insurance  
for the State of Louisiana

Buser & Associates, APLC

BY: Sue Buser  
Sue Buser #18151  
1518 Highway 30 East  
Gonzales, LA 70737  
Telephone: (225) 644-6100  
Fax: (225) 644-6111

CERTIFIED TRUE COPY

049229

CLERK OF DISTRICT COURT  
ST. BERNARD PARISH  
FILED

2003 SEP 17 AM 11:24

Doug Velborn  
DOUG VELBORN  
CLERK OF DISTRICT COURT  
ST. BERNARD PARISH

NINETEENTH JUDICIAL DISTRICT COURT  
PARISH OF EAST BATON ROUGE  
STATE OF LOUISIANA

NUMBER: 499-737

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J. ROBERT WOOLEY, AS  
ACTING COMMISSIONER OF INSURANCE  
FOR THE STATE OF LOUISIANA  
VERSUS  
AMCARE HEALTH PLANS OF LOUISIANA, INC.

FILED: \_\_\_\_\_

DEPUTY CLERK

**MEMORANDUM IN SUPPORT OF MOTION TO**  
**APPROVE FILING PROOFS OF CLAIM**

MAY IT PLEASE THE COURT:

This honorable Court entered an order appointing J. Robert Woolley, Commissioner of Insurance for the State of Louisiana as Liquidator of AmCare Health Plans of Louisiana, Inc. and Marlon Harrison as Receiver for AmCare Health Plans of Louisiana, Inc. in this matter on November 12, 2002. The Receiver has been implementing the Court's order of liquidation since that time.

On December 16, 2002, the 200<sup>th</sup> District Court of Travis County, State of Texas, in case number GV 204523 entered an Agreed Temporary Injunction and Order Appointing Temporary Receiver for AmCare Health Plans of Texas, Inc. ("AmCare Texas") and AmCare Management, Inc. ("AmCare Management"). A copy of that order is attached hereto and incorporated herein and marked Exhibit A. In connection with the entry of this order, the Texas Court overseeing the receivership of AmCare Management and AmCare Texas entered various orders staying all proceedings as to AmCare Management and AmCare Texas and requiring the filing of a proof of claim as to all claims against AmCare Management and AmCare Texas.

On June 30, 2003, the Receiver filed suit in this honorable Court asserting claims of mismanagement, negligence and certain other wrongful acts against various parties in connection with the operations of AmCare Health Plans of Louisiana, Inc. ("AmCare") prior to the entry of the order of liquidation of AmCare. That suit included certain claims as to AmCare Management, Inc. ("AmCare Management"), a wholly owned subsidiary of AmCareco, Inc. ("AmCareco"), which is also the parent company of AmCare, including claims for mismanagement, negligence and other wrongful acts. A copy of that suit is attached hereto and incorporated herein and marked Exhibit



B for identification. No action was taken as to AmCare Management in that suit by the Receiver because of the orders of the Texas Court as to AmCare Management and AmCare Texas.

The Receiver seeks authority from this Court for the filing of the proof of claim for AmCare Management, attached as Exhibit C, and the proof of claim for AmCare Texas, attached as Exhibit D, and pursuit of recovery through the proof of claim process approved by the Courts of the State of Texas overseeing the receiverships of AmCare Management and AmCare Texas.

The proof of claim filed to assert the claims of AmCare as to AmCare Texas indicates that AmCare has claims against AmCare Texas in an amount of at least \$150,228.99, as is more fully explained in the Explanation of Claims for the proof of claim, based on the best information known to the Receiver at present. The proof of claim filed to assert the claims of AmCare as to AmCare Management indicates that AmCare has claims against AmCare Management in an amount of at least \$17,14,555.73, as is more fully explained in the Explanation of Claims for the proof of claim, based on the best information known to the Receiver at present. In addition, the claims as to AmCare Management include the claims for mismanagement, negligence and certain wrongful acts as identified in suit number 499-737-01 on the docket of this Court. The Receiver asks that this honorable Court approve the pursuit of those claims for mismanagement, negligence and wrongful acts against AmCare Management, through the proof of claim process approved by the Texas Court overseeing the receivership of AmCare Management.

The Receiver asserts that approval of this process by this honorable Court will enhance principles of comity and promote the statutory schemes of the Louisiana Insurance Code and applicable Texas law in balancing the interests of policyholders, creditors and claimants of AmCare and AmCare Management and AmCare Texas, and in implementing an orderly process for the liquidation of all three companies. La. R.S. 22:760 of the Uniform Insurers Liquidation Law provides that claims of Louisiana claimants may be proved in the domiciliary state where a receivership proceeding is pending as provided by the law of that state and authorizes Louisiana claimants to file proofs of claim in accordance with the laws of the domiciliary state. In this instance the receivership proceedings for AmCare Texas and AmCare Management in the State of Texas authorize submission of proof of claim pursuant to the laws of the State of Texas in the Texas receivership proceedings for AmCare Texas and AmCare Management.

For all these reasons, the Receiver asks that this Court approve the filing of the proof of claim

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for AmCare Management, attached as Exhibit C, and the proof of claim for AmCare Texas, attached as Exhibit D, and approve the pursuit of recovery by the Receiver as to AmCare Texas and AmCare Management through the proof of claim process approved by the Courts of the State of Texas overseeing the receiverships of AmCare Management and AmCare Texas, and that the Court approve the pursuit of the claims asserted for mismanagement, negligence and certain wrongful acts against AmCare Management, as outlined in suit number, through said proof of claim process.

RESPECTFULLY SUBMITTED,

BY ATTORNEYS FOR  
J. Robert Woolley  
Acting Commissioner of Insurance  
for the State of Louisiana

Buser & Associates, APLC

BY: Sue Buser  
Sue Buser #18151  
1518 Highway 30 East  
Gonzales, LA 70737  
Telephone: (225) 644-6100  
Fax: (225) 644-6111

CERTIFIED TRUE COPY

049230

DEPUTY CLERK OF COURT

CLERK OF COURT E.A. PARISH  
FILED

2003 SEP 17 AM 11:25

DOUG WELBORN  
CLERK OF COURT E.A. PARISH

309221028000

NINETEENTH JUDICIAL DISTRICT COURT  
PARISH OF EAST BATON ROUGE  
STATE OF LOUISIANA

NUMBER: 499-737

DIVISION: D

J. ROBERT WOOLEY, AS  
ACTING COMMISSIONER OF INSURANCE  
FOR THE STATE OF LOUISIANA  
VERSUS  
AMCARE HEALTH PLANS OF LOUISIANA, INC.

FILED: \_\_\_\_\_

DEPUTY CLERK

ORDER

Considering the motion to approve filing of proofs of claims filed herein by the Receiver for AmCare Health Plans of Louisiana, Inc., in Receivership, and the Court considering the pleadings filed, and the Court finding that the parties are entitled to the relief granted,

IT IS ORDERED, ADJUDGED AND DECREED that the motion to approve filing of proofs of claim be and hereby is granted.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Court approves the filing of the proof of claim for AmCare Management, Inc. in Receivership, and the proof of claim for AmCare Health Plans of Texas, Inc. in Receivership, as presented to the Court and filed with said motion.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Court approves the pursuit of recovery as to AmCare Management, Inc. through the proof of claim process approved by the Courts of the State of Texas overseeing the receiverships of AmCare Management, Inc. in Receivership and AmCare Health Plans of Texas, Inc. in Receivership.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Court approves the pursuit of certain claims for mismanagement, negligence and wrongful acts as asserted in case number 049232 on the docket of this Court against AmCare Management, Inc. in Receivership, through the proof of claim process approved by the Courts of the State of Texas overseeing the receivership of AmCare Management, Inc. in Receivership.

Baton Rouge, Louisiana, this 17 day of Sept, 2003.

*James Clark*  
JUDGE

CLERK OF COURT FOR PARISH OF EAST BATON ROUGE  
DOUG WELBORN  
2003 SEP 17 AM 11:25  
FILED  
049232  
RECEIVED  
CLERK OF COURT FOR PARISH OF EAST BATON ROUGE

# PROOF OF CLAIM

Claim Filing Deadline October 1, 2003

PROOF OF CLAIM NO. \_\_\_\_\_ DATE POSTMARKED/HAND DELIVERED \_\_\_\_/\_\_\_\_/03  
Internal Use Only Internal Use Only

AmCare Management, Inc. in Receivership, R 512  
AmCare Health Plans of Texas, Inc in Receivership, R 512

Indicate which receivership claims are being filed against: ☒ AMCARE Health Plans ☐ AMCARE Management

Read all materials before completing. Please print or type.

Person Filing POC: AmCare Health Plans of LA in Receivership Phone: 504 449-2700  
Address: P.O. Box 5920  
City/State/Zip: Metairie, LA 70009 Tax ID: 60-0110991  
Name of Plan Member: \_\_\_\_\_ Name of Patient: \_\_\_\_\_  
Member Social Security #: \_\_\_\_\_ Patient Social Security #: \_\_\_\_\_  
**CLAIM FILED BY: Check one of the following and ATTACH SUPPORTING DOCUMENTATION.**

☐ PROVIDER OF SERVICES TIN: \_\_\_\_\_ Amount of Claims: \$ \_\_\_\_\_  
Commercial Medicaid Medicare

Providers must file a separate POC for each line of business.  
Claims from Providers must be filed using UB92 or HCFA 1500 forms.

☐ MEMBERS (People enrolled in AmCare Health Plans of Texas, Inc.) Amount of Claims: \$ \_\_\_\_\_

☐ AGENT BALANCES (Agent's Earned Commissions) Amount of Claims: \$ \_\_\_\_\_

☐ GENERAL CREDITORS (e.g. Attorney fees, Vendors, Landlords, Reinsurers) Amount of Claims: \$ \_\_\_\_\_

☒ ALL OTHERS (Please describe.) Affiliated IMO AT LEAST \$150,728.99  
Amount of Claims: \$ \_\_\_\_\_

SEE ATTACHED EXPLANATION OF CLAIMS

**GENERAL QUESTIONS: If your answer is "Yes," ATTACH SUPPORTING DOCUMENTATION.**

Have you paid or settled any part of this claim? ☐ Yes ☒ No  
Providers, have you turned this claim over to a collection agency? ☐ Yes ☒ No  
Is this claim covered by other insurance? See attached ☐ Yes ☒ No

This Proof of Claim asserts a claim against a member or beneficiary covered by AmCare Health Plans of Texas, Inc. in Receivership and the undersigned claims releases any and all claims which have been or could have been made against the member or beneficiary of AmCare Health Plans of Texas, Inc. in Receivership based on or arising out of the facts supporting the above Proof of Claim, subject to coverage limits accepted by the State of Texas Regulator and approved by the Court regardless of whether any compensation has actually been paid to the undersigned.

The undersigned claimant hereby assigns to the Special Deputy Receiver his/her cause of action arising out of the failure of AmCare Health Plans of Texas Inc. in Receivership and AmCare Management, Inc. in Receivership to timely pay any and all contractual obligations.

I affirm, under penalty of perjury, that I have read the foregoing Proof of Claim and understand the contents thereof. This claim against AmCare Health Plans of Texas, Inc. in Receivership and/or AmCare Management, Inc. in Receivership is justly owing to me after all offsets, and I alone am entitled to the this claim, that the matters set forth above and any accompanying statements and documents are true to my own knowledge.

AmCare Health Plans of Texas, Inc. in Receivership NOTARY: \_\_\_\_\_

CLAIMANT SIGNATURE: L.D. Barringer Deputy Receiver

PRINT NAME: L.D. BARRINGER DATE SIGNED: 9/11/03

BY COURT ORDER all claims must be postmarked by 11:59 p.m. CST on October 1, 2003  
or submitted by hand delivery by 5:00 p.m. CST on such date.

CLAIMS SHOULD BE SUBMITTED TO: AmCare Proof of Claims Department  
3767 Forest Lane #124-425  
Dallas, TX 75244-7100



# PROOF OF CLAIM

Claim Filing Deadline October 1, 2003

PROOF OF CLAIM NO. \_\_\_\_\_ DATE POSTMARKED/HAND DELIVERED \_\_\_\_/\_\_\_\_/03  
Internal Use Only Internal Use Only

AmCare Management, Inc. in Receivership, R 512  
AmCare Health Plans of Texas, Inc in Receivership, R 512

Indicate which receivership claims are being filed against: \_\_\_\_\_ AMCARE Health Plans ☒ AMCARE Management

Read all materials before completing. Please print or type.

Person Filing POC: AmCare Health Plan of TX in Receivership Phone: 5041 841-2200  
Address: P O Box 5920  
City/State/Zip: Metaline, LA 70009 Tax ID: 68-0310991  
Name of Plan Member: \_\_\_\_\_ Name of Patient: \_\_\_\_\_  
Member Social Security #: \_\_\_\_\_ Patient Social Security #: \_\_\_\_\_

**CLAIM FILED BY: Check one of the following and ATTACH SUPPORTING DOCUMENTATION.**

☐ PROVIDER OF SERVICES TIN: \_\_\_\_\_ Amount of Claim: \$ \_\_\_\_\_  
Commercial \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_

Providers must file a separate POC for each line of business.  
Claims from Providers must be filed using U992 or HCFA 1500 forms.

☐ MEMBERS (People enrolled in AmCare Health Plans of Texas, Inc.) Amount of Claim: \$ \_\_\_\_\_

☐ AGENT BALANCES (Agent's Earned Commissions) Amount of Claim: \$ \_\_\_\_\_

☐ GENERAL CREDITORS (e.g. Attorney fees, Vendors, Landlords, Reinsurers) Amount of Claim: \$ \_\_\_\_\_

☒ ALL OTHERS (Please describe): Affiliated HMO SEE ATTACHED EXPLANATION OF CLAIM

**GENERAL QUESTIONS: If "OTHERS" is "YES", ATTACH SUPPORTING DOCUMENTATION.**

Have you paid or settled any part of this claim? ☐ Yes ☒ No  
Providers, have you turned this claim over to a collection agency? ☐ Yes ☒ No  
Is this claim covered by other insurance? See attached ☐ Yes ☒ No

This Proof of Claim asserts a claim against a member or beneficiary covered by AmCare Health Plans of Texas, Inc. in Receivership and the undersigned claimant releases any and all claims which have been or could have been made against the member or beneficiary of AmCare Health Plans of Texas, Inc. in Receivership based on or arising out of the facts surrounding this claim. Claims in receivership are subject to the General Order of the Court and approved by the Court regardless of whether any compensation has actually been paid to the undersigned.

The undersigned claimant hereby assigns to the Special Deputy Receiver further cause of action arising out of the failure of AmCare Health Plans of Texas, Inc. in Receivership and AmCare Management, Inc. in Receivership to timely pay any and all contractual obligations.

I affirm, under penalty of perjury, that I have read the foregoing Proof of Claim and understand the contents thereof. This claim against AmCare Health Plans of Texas, Inc. in Receivership and/or AmCare Management, Inc. in Receivership is justly owing to me after all offsets, and I affirm and intend to file this claim, that the matters set forth above and any accompanying statements and documents are true to my knowledge.

AmCare Health Plans of Texas, Inc. in Receivership  
CLAIMANT SIGNATURE: [Signature] DATE SIGNED: 9/2/03  
PRINT NAME: L. A. BARRINGER

BY COURT ORDER all claims must be postmarked by 11:59 p.m. CST on October 1, 2003  
or submitted by hand delivery by 5:00 p.m. CST on such date.  
CLAIMS SHOULD BE SUBMITTED TO: AmCare Proof of Claims Department  
3767 Forest Lane, #120425  
Dallas, TX 75244-7100



WISENER ★ NUNNALLY ★ GOLD, L.L.P.  
Attorneys at Law

Center Creek Plaza  
625 W. Centerville Rd.  
Suite 110  
Garland, Texas 75041

972-840-9080  
972-485-5065  
Fax: 972-840-6575  
www.wnglaw.com

December 27, 2011

Sue Buser, Esq.  
Burglass & Tankersley, L.L.C.  
5213 Airline Drive  
Metairie, Louisiana 70001-5602

Sent via pdf attached to an e mail to [sbuser@burglass.com](mailto:sbuser@burglass.com)  
and via certified mail, return receipt requested

Regarding AmCare Health Plans of Texas, Inc.  
AmCare Management, Inc.  
Notice of Determination of Proofs of claims filed by AmCare Health Plans of Louisiana, in Receivership

Note: 45 day deadline for objections applies

Dear Ms. Buser:

This letter is a notice of determination of the proofs of claims filed by AmCare Health Plans of Louisiana, Inc. against AmCare Health Plans of Texas, Inc. and AmCare Management, Inc., including, without limitation, Proof of Claim Numbers 016388 and 016389.

All the proofs of claims filed by AmCare Health Plans of Louisiana, Inc. in receivership against AmCare Health Plans of Texas, Inc. and AmCare Management, Inc. are hereby valued at zero and rejected. All appropriate grounds for denial are reserved and maintained, including, without limitation:

- a. AmCare Health Plans of Louisiana, Inc. has recovered from other parties full satisfaction of its claims;
- b. AmCare Health Plans of Texas, Inc. and AmCare Management, Inc. have offsets, credits, payments and recoupments against the sums claimed by AmCare Health Plans of Louisiana, Inc.;
- c. The documentation submitted fails to demonstrate a net claim against AmCare Health Plans of Texas, Inc. or AmCare Management, Inc.; and
- d. The funds received by AmCare Health Plans of Louisiana, Inc. through the litigation process require denial of the proofs of claims to avoid a duplication of payments.

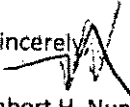
This letter accords your client the forty five days permitted by Texas Insurance Code Section 443.253, which requires that written objections be submitted to the liquidator setting forth all facts and the legal basis, if any, for the objections and why the claims should be allowed. If no timely



WISENER ★ NUNNALLY ★ GOLD, L.L.P.

objection is submitted to the SDR, then the determination shall be final.

Sincerely,

  
Robert H. Nunnally, Jr.